# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/58098

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 14 | | | | | | | | 64 | | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | TOTAL IND. | | ↓ | 2 | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | | TOTAL DEP. | | ← | 31 | ← | | ← |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | 33 | | | | |